

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014		
Mailing Address PO Box 388			Amount 45.00		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : E0D85C6584EED432290D
Purpose of Expenditure IE-Ernst-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014		
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014		
4938.64					
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address PO Box 388			Amount 48.40		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : E76F18017C8E14CD6BD2
Purpose of Expenditure IE-Ernst-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014		
4987.04					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date MM / DD / YYYY 08 / 13 / 2014	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>117.60</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EE4A2B422801B429FACD</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
Purpose of Expenditure <b>IE-Ernst-Online Processing</b>		Category/Type	
Name of Federal Candidate <b>Joni K Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>5104.64</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <b>General 2014</b>

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>156.35</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E0F4E7D002C084E028AF</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>
Purpose of Expenditure <b>IE-Ernst-Online Processing</b>		Category/Type	
Name of Federal Candidate <b>Joni K Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>5260.99</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► <b>General 2014</b>

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<b>273.95</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	

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*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY  
**08 / 13 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address PO Box 388			Amount 88.90		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E885F3D29D7714195A7A Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Purpose of Expenditure IE-Ernst-Online Processing		Category/ Type			
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: IA		
Calendar Year-To-Date Per Election for Office Sought		5349.89	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014		
Full Name of Payee <b>Alliance Strategies Group Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2014		
Mailing Address 7700 Congress Ave Ste 3208			Amount 5233.33		
City Boca Raton	State FL	Zip Code 33487-1358	Transaction ID : E7D7275528B2847C79F5 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2014		
Purpose of Expenditure IE-Ernst-Email List Rental		Category/ Type			
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: IA		
Calendar Year-To-Date Per Election for Office Sought		10583.22	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5322.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Paul Kilgore		[Electronically Filed]		Date MM / DD / YYYY 08 / 13 / 2014	

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NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2014	
Mailing Address PO Box 388		Amount 946.00	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E8BF0FBD60DFF4B6F8FB
Purpose of Expenditure IE-Ernst-Online Processing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 09 / 2014	
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014	

Full Name of Payee <b>Alliance Strategies Group Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 7700 Congress Ave Ste 3208		Amount 25000.00	
City Boca Raton	State FL	Zip Code 33487-1358	Transaction ID : EF8585F69E0764C4EA17
Purpose of Expenditure IE-Ernst-Email List Rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2014	
Name of Federal Candidate Joni K Ernst		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	25946.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	

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Paul Kilgore

[Electronically Filed]

Date

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Signature

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**(Schedule E)**

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Conservative Connector LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 13 / 2014</b>	
Mailing Address <b>435 East Main St. Ste. 250</b>		Amount <b>24060.00</b>	
City <b>Greenwood</b>	State <b>IN</b>	Zip Code <b>46143-1464</b>	Transaction ID : <b>EFFD712EC76F942F89DF</b>
Purpose of Expenditure <b>IE-Ernst-Email List Rental</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 12 / 2014</b>
Name of Federal Candidate <b>Joni K Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>60589.22</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>General 2014</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>24060.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>55695.58</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**08 / 13 / 2014**

Signature